

Office Use Only: Permit # \_\_\_\_\_

Date Filed: \_\_\_\_\_ Initials \_\_\_\_\_

Review Fee: \$75.00 Receipt #: \_\_\_\_\_



PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

Building and Code Regulations Division

2300 Virginia Ave

Fort Pierce, FL 34951

772-462-1553

**APPLICATION FOR ZONING COMPLIANCE – USE PERMIT**

Name of Business: \_\_\_\_\_

Type and description of business:

\_\_\_\_\_

Address of Business: \_\_\_\_\_ FL Zip \_\_\_\_\_

Name of Shopping Center, if applicable: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Property Tax ID #: (Available from the Property Appraiser's Office) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

**I understand it is my responsibility to contact the Fire Department prior to the issuance of the Zoning Compliance. This application certifies that the property on which the above described business will operate is properly zoned for that purpose pursuant to applicable county land development code.**

Applicant's Signature

Date

Please Print Name

\*\*\*\*\*

**OFFICE USE ONLY**

Zoning: \_\_\_\_\_ Land Use: \_\_\_\_\_ SIC Code: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Landscaping Required: Yes \_\_\_\_ No: \_\_\_\_ Handicap Parking: Yes \_\_\_\_ No: \_\_\_\_ Fire Dept.: Yes \_\_\_\_ No: \_\_\_\_

Name & type of previous business in this location: \_\_\_\_\_

Does the proposed use trigger a "change in Occupancy"? Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, it is recommended the applicant meet with the Building Official to determine if any modifications to the interior of the business are necessary per the Fla. Building Code.

Permitting Supervisor

Date

Zoning Compliance Staff

Date

**\*A Fire Department inspection is required for all applications.**